



## Indoor Hemp License Application

Maine Department of Agriculture, Conservation and Forestry (DACF)

Division of Animal and Plant Health

28 State House Station

Augusta, Maine 04333

207-441-1643

[www.maine.gov/dacf/php/hemp](http://www.maine.gov/dacf/php/hemp)



### Licensee Information

Licensee Name/Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Business Name : \_\_\_\_\_

Legal status of business: ☐ sole proprietorship ☐ corporation ☐ trust/non-profit ☐ LLC ☐ cooperative  
☐ legal partnership ☐ other \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address of business/farm location: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email\*: \_\_\_\_\_

\* We use email to communicate with licensees. Please provide an email address you will check regularly.

Website: \_\_\_\_\_

**Remember, the licensee must obtain and submit a criminal history report .**

### Secondary Contact

This person is authorized by you to receive correspondence either by mail, email or phone, and/or accept legal notices.

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**License History.** List any previously held hemp license numbers and year of issuance, attach a separate sheet if necessary.

License Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_ Was this license revoked or suspended? ☐ yes ☐ no

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### Office Use Only

Date Received: \_\_\_\_\_ Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Approved: ☐ Yes ☐ No If No, Reason: \_\_\_\_\_

If Yes: Date License Agreement Sent: \_\_\_\_\_ License Number: \_\_\_\_\_

**Indoor Grow Site Information.** Please identify each indoor grow site using the format below. Attach additional pages as needed. Non-contiguous facilities separated by more than 50 miles require a separate license application and fees. **GPS coordinates for each facility must be provided in decimal degrees (include at least 5 decimal places).** In addition, please attach aerial photos/maps to provide inspectors with the details they need to safely navigate to your grow sites. Your application will not be approved unless this information is provided. Maps and GPS coordinates can be found on websites such as [www.google.com/maps](http://www.google.com/maps).

Indoor Grow Site ____	Indoor Grow Site ____
Address	Address
City	City
County	County
Latitude in decimal degrees (e.g., 44.30222)	Latitude in decimal degrees
Longitude in decimal degrees (e.g., -69.75521)	Longitude in decimal degrees
Total square footage	Total square footage
Type of hemp crop (flower, microgreens, planting starts) & anticipated harvest dates	Type of hemp crop (flower, microgreens, planting starts) & anticipated harvest dates
Property Owner*	Property Owner*

  

Outdoor Grow Site ____
Address
City
County
Latitude in decimal degrees
Longitude in decimal degrees
Total square footage
Type of hemp crop (flower, microgreens, planting starts) & anticipated harvest dates
Property Owner*

**Application Fee and Affidavit.** A non-refundable application fee of \$100 is due with this application. Make checks or money orders payable to **“Treasurer, State of Maine”**.

I declare that all the information provided on this application is true and correct. I understand that providing false, misleading or inaccurate information is grounds for license denial. I further understand that I am not licensed to grow hemp until the Department has approved my application and I have signed and returned a licensing agreement and paid the licensing fee of \$500 plus \$0.25/ square foot of indoor growing space.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**\*Property Ownership:** Are you (licensee applicant) the owner of all the above properties used to grow hemp? ☐ yes ☐ no  
If **No**, attach a completed Grow Site Consent Form from each property owner. This form can be found on Maine’s hemp web page.